

**Request for Applications**  
**Issued by:**  
***Nebraska Planning Council on Developmental Disabilities***

301 Centennial Mall South, P.O. Box 95026  
Nebraska State Office Building  
Department of Health and Human Services  
Lincoln, NE 68509-5026

For Hand Delivery correct address is:

220 South 17<sup>th</sup> Street  
Lincoln, NE 68509-5026

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**An application packet must be obtained by contacting the Council Office at  
402-471-2330 or [sharon.bartak@nebraska.gov](mailto:sharon.bartak@nebraska.gov)**

The Nebraska Planning Council on Developmental Disabilities announced on June 1, 2010 the availability of funds for the State Plan priority area of Quality Assurance. The project would begin October 1, 2010. Applications are due by July 26, 2010. Money is available to fund one project for a maximum of \$35,000. Funding for this project comes from federal monies awarded the Nebraska Planning Council on Developmental Disabilities, Nebraska Department of Health and Human Services, through the Developmental Disabilities and Bill of Rights Act. Eligible applicants are profit and nonprofit entities, faith-based organizations, state agencies, institutions of higher education, or local subdivisions of government. Applicants will be expected to provide 30% match of the total project costs.

**Developmental Disability Definition**

The term “developmental disability” means a severe, chronic disability of a person that:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- Is manifested before the person attains age twenty-two;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in three or more of the following areas of major life activity: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living; and (g) economic self-sufficiency;
- Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated;
- An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more functional limitations in major life activities, if the individual, without services and supports has a high probability of meeting those criteria later in life.

### **Time Frame**

October 1, 2010 to September 30, 2011.

### **Amount of Funds**

The Council has set aside \$35,000 to fund one project in the Funding Priority Area of Quality Assurance.

### **Reports and Delivery Dates**

1. Grantee shall commence work on this project **October 1, 2010**.
2. Grantee and the Department of Health and Human Services Developmental Disabilities Planning Council staff will communicate as needed but with a minimum of contact every three months.
3. Progress reports will be due to the Developmental Disabilities Planning Council staff two weeks following the end of each quarter (January 15, 2011, April 15, 2011, July 15, 2011, October 15, 2011). A final report will be due 30 days after the end of the grant year.

### **Additional Requirements**

1. Interested agencies must request an application packet by contacting the Council Office at 402-471-2330. Applicant must follow the application instructions provided in the packet.
2. Submitted applications must include signed cover sheet and certifications. Applicant must read the attached "Department of Health and Human Services Subgrant Terms and Assurances" and the other certifications included. Please note that by submitting and signing the application, the applicant agrees that if a subgrant is awarded, it will operate the program as described in the Subgrant Application for funding in accordance with the Subgrant Terms and Assurances. The individual signing these documents must be authorized to legally bind the applicant.
3. This document, together with the approved proposal of the grantee and the letter of award, shall constitute the entire agreement between DHHS and the grantee.
4. Proposals are due no later than **5:00 PM, Monday, July 26, 2010** to the:

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## State Plan Goal – Quality Assurance

**Focus** – The Developmental Disabilities Division will soon be implementing new regulations that impact the delivery of home and community based services. These regulations include a prohibition of the use of mechanical or physical restraints. (Emergency safety interventions are allowed to keep the individual from injuring themselves or others.) In addition the new regulations will distinguish between psychotropic medications used by individuals who experience a mental health diagnosis and those used to control behavior. It is unclear how widely used in Nebraska are practices of restraint (physical, mechanical or chemical) or the impact that these regulations will have on the practices currently in place. As Nebraska moves toward a system of zero tolerance for restraints and commits to the reduction of behavior modifying medications, it seems appropriate to measure the current usage, evaluate best practices in programs that maintain low incidence, and determine what is needed to replicate these programs.

**Intent:** It is the intent of the Council to fund one project with the goal of taking a “snapshot” of the current incidence of restraints and usage of psychotropic medications in the Developmental Disability Community-Based Service System. The expected outcome would be a report providing data on usage, factors that result in high and low incidence, and possible methods of reduction. Grantee would be expected to analyze this data and make practical recommendations for strategies to replicate positive practices which reduce the use of restraints and medications used primarily to modify behaviors. Activities could include:

- Facilitate a coalition of Developmental Disability service providers to come together to discuss these issues; e.g. their quality assurance staff.
- Determine the incidence of these practices, for example, using a self-administered survey.
- Identify factors that are present in those settings in which the incidence is lower.
- Determine if those factors can be replicated and how that could be done.